|             | Case 08-70197          | Doc 1        | Filed 01/25/08 | 8 Entered 01/25/08 14:49:01                               | Desc Main           |  |  |
|-------------|------------------------|--------------|----------------|---|---------------------|--|--|
|             |                        |              | Document .     | Page 1 of 41  |                     |  |  |
| B22C (Of    | ficial Form 22C) (Chap | oter 13) (01 | /08)           | According to the calculations required by this statement: |                     |  |  |
|             |                        |              |                | ☐ The applicable commitment perio                         | od is 3 years.      |  |  |
| In re: More | osi, Micahel A & Moros | i, Tina M    |                | <b>▼</b> The applicable commitment period                 | od is 5 years.      |  |  |
| ~           | Debto                  | r(s)         |                | <b>▼</b> Disposable income is determined                  | under § 1325(b)(3). |  |  |

# CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|   |   | Part I. REPO  | ORT OF INCOME   |    |          |                                |  |  |  |  |
|---|---|---|---|----|----------|--------------------------------|--|--|--|--|
|   | a. [  |   |   |    |          |                                |  |  |  |  |
| 1 |   |   |   |    |          | Column B<br>Spouse's<br>Income |  |  |  |  |
| 2 | Gros  | ss wages, salary, tips, bonuses, overtime, commi  | ssions.   | \$ | 3,716.78 | \$ 3,974.03                    |  |  |  |  |
| 3 | a and<br>one l<br>attac   | me from the operation of a business, profession<br>d enter the difference in the appropriate column(s)<br>business, profession or farm, enter aggregate numb<br>hment. Do not enter a number less than zero. Do n<br>nses entered on Line b as a deduction in Part IV | of Line 3. If you operate more than ers and provide details on an ot include any part of the business |    |          |                                |  |  |  |  |
|   | a.  | Gross receipts  | \$  |    |          |                                |  |  |  |  |
|   | b.  | Ordinary and necessary operating expenses   | \$  |    |          |                                |  |  |  |  |
|   | c.  | Business income   | Subtract Line b from Line a   | \$ |          | \$                             |  |  |  |  |
| 4 | diffe   | t and other real property income. Subtract Line I rence in the appropriate column(s) of Line 4. Do n nclude any part of the operating expenses enter IV.  | ot enter a number less than zero. Do red on Line b as a deduction in                                  |    |          |                                |  |  |  |  |
|   | a.  | Gross receipts  | \$  |    |          |                                |  |  |  |  |
|   | b.  | Ordinary and necessary operating expenses   | \$  |    |          |                                |  |  |  |  |
|   | c.  | Rent and other real property income   | Subtract Line b from Line a   | \$ |          | \$                             |  |  |  |  |
| 5 | Inte  | rest, dividends, and royalties.   |   | \$ |          | \$                             |  |  |  |  |
| 6 | Pens  | ion and retirement income.  |   | \$ |          | \$                             |  |  |  |  |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for |   |   |    |          | \$                             |  |  |  |  |

Case Number: \_

(If known)

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|    |   |  |  |  |          |        |          | _  |           |
|----|---|--|--|--|----------|--------|----------|----|-----------|
| 8  | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: |  |  |  |          |        |          |    |           |
|    | Unemployment compensation claimed to be a benefit under the Social Security Act   | Debtor \$  | Spouse S   | \$   |          |        |          | \$ |           |
| 9  | Income from all other sources. Specific sources on a separate page. Total and emaintenance payments paid by your or separate maintenance. Do not included a victim of of international or domestic terrorism.  a.  b.   | spouse, but include all of<br>ude any benefits received u                    | lude alim<br>ther paym<br>ander the S  | ony or separate on separate of alimore Social Security | ny       |        |          | \$ |           |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total (   |  | ompleted,  | add Lines 2  | \$       | 3      | 3,716.78 | \$ | 3,974.03  |
| 11 | <b>Total.</b> If Column B has been completed and enter the total. If Column B has not Column A.   |  |  |  | \$       | 6      |          |    | 7,690.81  |
|    | Part II. CALCUL   | ATION OF § 1325(b)(4   | l) COMN  | MITMENT P  | ERIC     | OD     |          |    |           |
| 12 | Enter the amount from Line 11.  |  |  |  |          |        |          | \$ | 7,690.81  |
| 13 | Marital Adjustment. If you are marrie that calculation of the commitment peri your spouse, enter the amount of the inbasis for the household expenses of you a.  b.   | iod under § 1325(b)(4) doe<br>come listed in Line 10, Co                     | es not requ<br>lumn B th   | nire inclusion o<br>nat was NOT pa<br>er zero.         | f the in | ncom   | ne of    |    |           |
|    | c.  |  |  | :  | \$       |        |          |    |           |
|    | Total and enter on Line 13.   |  |  | •  |          |        |          | \$ | 0.00      |
| 14 | Subtract Line 13 from Line 12 and e   | nter the result.   |  |  |          |        |          | \$ | 7,690.81  |
| 15 | <b>Annualized current monthly income</b> 12 and enter the result.   | for § 1325(b)(4). Multiply   | the amou   | ant from Line 1  | 4 by tl  | he nu  |          | \$ | 92,289.72 |
| 16 | <b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |  |  |  |          | of     |          |    |           |
|    | a. Enter debtor's state of residence: Illin   | nois   | b. Ente  | er debtor's hous                                       | sehold   | l size | : _3_    | \$ | 64,763.00 |
| 17 | Application of § 1325(b)(4). Check th  ☐ The amount on Line 15 is less that 3 years" at the top of page 1 of this.  ☐ The amount on Line 15 is not less period is 5 years" at the top of page   | an the amount on Line 16 s statement and continue we sthan the amount on Lin | 6. Check the other than the other th | ne box for "The<br>atement.<br>ck the box for '        | The a    |        |          |    | •         |
|    | Part III. APPLICATION OF  | § 1325(b)(3) FOR DE  | TERMIN   | NING DISPO   | SAB      | LE I   | INCOM    | 1E |           |
| 18 | Enter the amount from Line 11.  |  |  |  |          |        |          | \$ | 7,690.81  |

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| 19  |   |  |                    |               |                              |                  |                |           |
|-----|---|--|--------------------|---------------|------------------------------|------------------|----------------|-----------|
|     | a.  |  |                    |               |                              | \$               |                |           |
|     | b.  |  |                    |               |                              | \$               |                |           |
|     | c.  |  |                    |               |                              | \$               |                |           |
|     | Tota  | l and enter on Line 19.  |                    |               |                              |                  | \$             | 0.00      |
| 20  | Curre   | ent monthly income for § 132   | 25(b)(3). Subtract | Line 1        | 9 from Line 18 and enter the | e result.        | \$             | 7,690.81  |
| 21  |   | alized current monthly incord enter the result.  | me for § 1325(b)(  | <b>3).</b> Mu | altiply the amount from Line | 20 by the number | \$             | 92,289.72 |
| 22  | Appli   | cable median family income.  | Enter the amount   | from          | Line 16.                     |                  | \$             | 64,763.00 |
| 23  | Application of § 1325(b)(3). Check the applicable box and proceed as directed.  The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement and complete the remaining parts of this statement determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement |  |                    |               |                              |                  | nent.<br>ome i | s not     |
|     |   |  |                    |               | IONS ALLOWED UNDI            |                  |                |           |
|     |   | Subpart A: Deduc   | tions under Stan   | dards         | of the Internal Revenue Se   | ervice (IRS)     |                |           |
| 24A | miscel<br>Expen   | nal Standards: food, apparel<br>llaneous. Enter in Line 24A th<br>ases for the applicable househo<br>erk of the bankruptcy court.) | e "Total" amount   | from 1        | IRS National Standards for A | Allowable Living | \$             | 1,123.00  |
| 24B | National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.  |  |                    |               |                              |                  |                |           |
|     | Hou   | sehold members under 65 ye   | ars of age         | Hou           | sehold members 65 years o    | of age or older  |                |           |
|     | a1.   | Allowance per member   | 54.00              | a2.           | Allowance per member         | 144.00           |                |           |
|     | b1.   | Number of members  | 3                  | b2.           | Number of members            | 0                |                |           |
|     | c1.   | Subtotal   | 162.00             | c2.           | Subtotal                     | 0.00             | \$             | 162.00    |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   |  |                    |               |                              |                  | \$             | 596.00    |

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|     | the I infor                                  | al Standards: housing and utilities; mortgage/rent expense. Enter, and RS Housing and Utilities Standards; mortgage/rent expense for your communion is available at www.usdoj.gov/ust/ or from the clerk of the barrotal of the Average Monthly Payments for any debts secured by your bract Line b from Line a and enter the result in Line 25B. <b>Do not enter</b>   | ounty and household size (this akruptcy court); enter on Line b nome, as stated in Line 47;   |           |
|-----|--|---|---|-----------|
| 25B | a.   | IRS Housing and Utilities Standards; mortgage/rental expense  | \$ 1,019.00   |           |
|     | b.   | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47  | \$ 3,007.00   |           |
|     | c.   | Net mortgage/rental expense   | Subtract Line b from Line a   | \$        |
| 26  | and 2<br>Utili                               | al Standards: housing and utilities; adjustment. If you contend that 25B does not accurately compute the allowance to which you are entit ties Standards, enter any additional amount to which you contend you cour contention in the space below:  | led under the IRS Housing and   | \$        |
| 27A | an exand and and and and and and and and and | Al Standards: transportation; vehicle operation/public transportation; vehicle operation/public transportation; vehicles of whether you pay the expregardless of whether you use public transportation.  Concept the number of vehicles for which you pay the operating expenses or express are included as a contribution to your household expenses in Line of 1  | r for which the operating a vehicle of the forwhich the operating to a room IRS Local Standards: erating Costs" amount from IRS the applicable Metropolitan | \$ 163.00 |
| 27B | Loca<br>expe<br>addit<br>Tran                | of the bankruptcy court.)  Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  |   |           |
| 28  | which than 1 Enter Transthe to               | Al Standards: transportation ownership/lease expense; Vehicle 1. On the you claim an ownership/lease expense. (You may not claim an owner two vehicles.)  2 or more.  The in Line a below, the "Ownership Costs" for "One Car" from the IRS asportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the base of the Average Monthly Payments for any debts secured by Vehicle act Line b from Line a and enter the result in Line 28. Do not enter a IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | S Local Standards: ankruptcy court); enter in Line bele 1, as stated in Line 47;  |           |

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|--------|---|----|----------|--|
| 29     | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. |    |          |  |
|        | a. IRS Transportation Standards, Ownership Costs \$   |    |          |  |
|        | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$   |    |          |  |
|        | c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a  | \$ |          |  |
| 30     | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.  | \$ | 1,370.01 |  |
| 31     | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.   | \$ |          |  |
| 32     | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   | \$ |          |  |
| 33     | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.  |    |          |  |
| 34     | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   | \$ |          |  |
| 35     | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.   | \$ |          |  |
| 36     | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.  | \$ |          |  |
| 37     | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  | \$ |          |  |
|        |   | -  |          |  |

\$

4,145.01

**Total Expenses Allowed under IRS Standards.** Enter the total of Lines 24 through 37.

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| Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  |    |   | Subpart B: Additional Expense Dec<br>Note: Do not include any expenses that yo  |  |                             |    |
|--|----|---|---|--|-----------------------------|----|
| b. Disability Insurance   S   C. Health Savings Account   S  |    | expe  | nses in the categories set out in lines a-c below that are reason   | Account Expenses. List the onably necessary for yourse                               | monthly<br>lf, your         |    |
| Total and enter on Line 39   If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:    S  |    | a.  | Health Insurance  | \$   |                             |    |
| Total and enter on Line 39  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S   |    | b.  | Disability Insurance  | \$   |                             |    |
| If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  | 39 | c.  | Health Savings Account  | \$   |                             |    |
| the space below:  \$   |    | Total   | l and enter on Line 39  |  |                             | \$ |
| monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  \$  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoi.gov/ust/">www.usdoi.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month o |    | the sp  |   | ual total average monthly e  | xpenditures in              |    |
| you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly  | 40 | mont<br>elder   | thly expenses that you will continue to pay for the reasonable<br>rly, chronically ill, or disabled member of your household or   | e and necessary care and su<br>member of your immediate                              | pport of an                 | \$ |
| Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly  | 41 | you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept   |   |  |                             | \$ |
| actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.  Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly  | 42 | Loca <b>prov</b>  | al Standards for Housing and Utilities, that you actually experide your case trustee with documentation of your actual  | nd for home energy costs. Yexpenses, and you must d                                  | You must                    | \$ |
| clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.  Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly   | 43 | secon<br>trust  | ally incur, not to exceed \$137.50 per child, for attendance at ndary school by your dependent children less than 18 years of the with documentation of your actual expenses, and you | a private or public element<br>of age. You must provide y<br>must explain why the am | ary or<br>v <b>our case</b> | \$ |
| charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly</b>  | 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the |   |  | \$                          |    |
| income.  | 45 | chari<br>in 26  | itable contributions in the form of cash or financial instrument $5$ U.S.C. $\S$ 170(c)(1)-(2). <b>Do not include any amount in exc</b>   | nts to a charitable organizat  | ion as defined              | \$ |

**Total Additional Expense Deductions under § 707(b).** Enter the total of Lines 39 through 45.

\$

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|    |  | S  | Subpart C   | C: Deductions for Do  | ebt Pay                 | ment   |                           |                                      |                |
|----|--|--|---|---|-------------------------|--|---------------------------|--------------------------------------|----------------|
|    | you o<br>Payn<br>the to<br>follo   | over payments on secured claims own, list the name of the creditor nent, and check whether the paymental of all amounts scheduled as a wing the filing of the bankruptcy. Enter the total of the Average N | , identify<br>nent inclu-<br>contractua<br>case, divi | the property securing<br>des taxes or insurance<br>ally due to each Securided by 60. If necessary | the debe. The Ared Cred | ot, state the A<br>Average Mon<br>litor in the 6 | Average nthly Pay 0 month | Monthly yment is                     |                |
| 47 |  | Name of Creditor   | Property  | Securing the Debt   |                         | Average<br>Monthly<br>Payment                    | includ                    | s payment<br>e taxes or<br>nsurance? |                |
|    | a.   | Wells Fargo Financial  | Resider   | тсе   | \$                      | 3,007.00   | ☐ yes                     | s 🗹 no                               |                |
|    | b.   |  |   |   | \$                      |  | ☐ yes                     | s 🗌 no                               |                |
|    | c.   |  |   |   | \$                      |  | ☐ yes                     | s 🗌 no                               |                |
|    |  |  |   | Total: Ac   | dd lines                | a, b and c.                                      |                           |                                      | \$<br>3,007.00 |
|    | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |   |   |                         |  |                           |                                      |                |
| 48 |  | Name of Creditor   |   | Property Securing   | the Deb                 | t  |                           | Oth of the e Amount                  |                |
|    | a.   |  |   |   |                         |  | \$                        |                                      |                |
|    | b.   |  |   |   |                         |  | \$                        |                                      |                |
|    | c.   |  |   |   |                         |  | \$                        |                                      |                |
|    |  |  |   |   |                         | Total: Ac  | dd lines a                | a, b and c.                          | \$             |
| 49 | such   | nents on prepetition priority cl<br>as priority tax, child support and<br>ruptcy filing. Do not include cu   | lalimony  | claims, for which you   | u were 1                | iable at the t                                   | ime of y                  |                                      | \$             |
|    |  | pter 13 administrative expense esulting administrative expense.  | s. Multipl  | y the amount in Line  | a by the                | e amount in l                                    | Line b, a                 | nd enter                             |                |
|    | a.   | Projected average monthly Cha  | apter 13 p  | lan payment.  | \$                      |  | 538.80                    |                                      |                |
| 50 | b.   | Current multiplier for your dist<br>schedules issued by the Execut<br>Trustees. (This information is a<br>www.usdoj.gov/ust/ or from the<br>court.)  | ive Office<br>available a                             | e for United States   | X                       |  | 6.5%                      |                                      |                |
|    | c.   | Average monthly administrative case  | e expense   | of Chapter 13   | Total:<br>and b         | Multiply Li                                      | nes a                     |                                      | \$<br>35.02    |
| 51 | Total  | <b>Deductions for Debt Payment.</b> Er   | nter the to   | tal of Lines 47 throug  | gh 50.                  |  |                           |                                      | \$<br>3,042.02 |
|    |  | S  | ubpart D  | : Total Deductions  | from In                 | come   |                           |                                      |                |

7,187.03

**Total of all deductions from income.** Enter the total of Lines 38, 46, and 51.

52

Document

|          | `  | al Form 22C) (Chapter 13) (01/08)   |  |                           |                          |
|----------|--|---|--|---------------------------|--------------------------|
|          |  | Part V. DETERMINATION OF DISPOSABLE INCOME UNDER  | 2 § 1325(b)(2)   |                           |                          |
| 53       | Tota                                       | al current monthly income. Enter the amount from Line 20.   |  | \$                        | 7,690.81                 |
| 54       | disat                                      | port income. Enter the monthly average of any child support payments, foster care papility payments for a dependent child, reported in Part I, that you received in accordance icable nonbankruptcy law, to the extent reasonably necessary to be expended for such   | ce with  | \$                        |                          |
| 55       | from                                       | <b>lified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by a wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and syments of loans from retirement plans, as specified in § 362(b)(19).  |  | \$                        |                          |
| 56       | Tota                                       | al of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.  |  | \$                        | 7,187.03                 |
|          | for v<br>in lir<br>total<br>prov           | uction for special circumstances. If there are special circumstances that justify addit which there is no reasonable alternative, describe the special circumstances and the results accepted by the special circumstances and the results accepted by the special circumstances and the results accepted by the special circumstances are special circumstances. You must provide your case trustee with documentation of these expenses in the additional entries on a separate page. Total the expense in Line 57. You must provide your case trustee with documentation of these expenses in the special circumstances that make such expenses necessionable. | ulting expenses<br>es and enter the<br>s and you must  |                           |                          |
| 57       |  | Nature of special circumstances   | Amount of expense  |                           |                          |
|          | a.   |   | \$   |                           |                          |
|          | b.   |   | \$   |                           |                          |
|          | c.   | \$  |  |                           |                          |
|          |  | Total: Add I  | Lines a, b, and c  | \$                        |                          |
|          | 700 4                                      | l adirecturante to determine dismosphile income. Add the consents on Lines 54, 55, 5  |  |                           |                          |
| 58       |  | al adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 the result.   | 66, and 57 and   | \$                        | 7,187.03                 |
| 58<br>59 | enter                                      | · ·   |  | \$                        | 7,187.03<br>503.78       |
|          | enter                                      | the result.   |  | _                         |                          |
|          | Othe and wincom                            | the result.  athly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and en   | ter the result.  n, that are required from your curren   | for the                   | 503.78 c health          |
| 59       | Othe and wincom                            | r the result.  Athly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and en Part VI. ADDITIONAL EXPENSE CLAIMS  Tresponses. List and describe any monthly expenses, not otherwise stated in this form welfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page.  | ter the result.  n, that are required from your curren   | for the t month I reflect | 503.78 c health          |
|          | Othe and wincom                            | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.   | ter the result.  n, that are required from your current All figures should   | for the t month I reflect | 503.78 c health          |
| 59       | Othe and wincom avera                      | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.   | n, that are required from your current All figures should Monthly At \$  | for the t month I reflect | 503.78 c health          |
| 59       | Othe and wincom avera                      | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction are under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses.  Expense Description   | n, that are required from your current All figures should Monthly Ar   | for the t month I reflect | 503.78 c health          |
| 59       | Othe and wincom avera                      | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.   | n, that are required from your current All figures should Monthly Ar   | for the t month I reflect | 503.78 c health          |
| 59       | Othe and wincom avera                      | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction are under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses.  Expense Description   | n, that are required from your current All figures should Monthly Ar   | for the t month I reflect | 503.78  thealth          |
| 59       | Othe and wincom avera  b. c.               | r the result.  Part VI. ADDITIONAL EXPENSE CLAIMS  Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction ne under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.  Expense Description  Total: Add Lines a, b and   | m, that are required from your current All figures should \$\text{Monthly An} \$ | for the t month I reflect | health<br>ally<br>t your |
| 59       | Othe and wincom avera  b. c. I deciboth of | Part VI. ADDITIONAL EXPENSE CLAIMS  r Expenses. List and describe any monthly expenses, not otherwise stated in this form velfare of you and your family and that you contend should be an additional deduction are under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page ge monthly expense for each item. Total the expenses.  Expense Description  Total: Add Lines a, b and  Part VII. VERIFICATION  lare under penalty of perjury that the information provided in this statement is true and  | m, that are required from your current All figures should \$\text{Monthly An} \$ | for the t month I reflect | health<br>ally<br>t your |

(Joint Debtor, if any)

### NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

### Case 08-70197 Doc 1 Filed 01/25/08 Entered 01/25/08 14:49:01 Desc Mair Document Page 10 of 41

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, |
|---|--|
| X   | principal, responsible person, or partner of<br>the bankruptcy petition preparer.)<br>(Required by 11 U.S.C. § 110.)               |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. | _  |
| Certificate of the Debtor   |  |

I (We), the debtor(s), affirm that I (we) have received and read this notice.

| Morosi, Micahel A & Morosi, Tina M | X /s/ Micahel A Morosi             | 1/25/2008 |
|------------------------------------|------------------------------------|-----------|
| Printed Name(s) of Debtor(s)       | Signature of Debtor                | Date      |
| Case No. (if known)                | X /s/ Tina M Morosi                | 1/25/2008 |
|                                    | Signature of Joint Debtor (if any) | Date      |

| B1 (Official Form 1) | (1 |
|----------------------|----|
|                      |    |
|                      |    |
|                      |    |

|  |  |                                    |                                |                          |   | nikrupicy<br>rict of Illi    |                              |   |                      |                                      |   | Vol                                       | untary       | Petition     |
|--|--|------------------------------------|--------------------------------|--------------------------|---|------------------------------|------------------------------|---|----------------------|--------------------------------------|---|---|--------------|--------------|
|  | Debtor (if i   |                                    | ter Last, First                | , Middle):               |   |                              |                              | Name of Jo<br>Morosi,   |                      | _                                    | use) (Last, First   | , Middle):                                |              |              |
|  |  | ed by the Deb<br>aiden, and tra    | otor in the last<br>de names): | 8 years                  |   |                              |                              | All Other Names used by the Joint Deb<br>(include married, maiden, and trade nar  |                      |                                      |   | 3 years                                   |              |              |
|  |  | oc. Sec. or Inc<br>ne, state all): |                                | ayer I.D. (l             | ITIN)   | No./Complete                 |                              |   |                      |                                      | or Individual-T   | Γaxpayer I.l                              | D. (ITIN) N  | No./Complete |
| Street Address of Debtor (No. & Street, City, State & 116 Evergreen Drive Kirkland, IL   |  |                                    |                                | tate & Zip               | Zip Code):  |                              |                              | Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, Street Address of Joint Debtor (No. & Street, City, |                      |                                      |   | ate & Zip C                               | Code):       |              |
|  |  |                                    |                                |                          | COD   | E <b>60146</b>               |                              | - Mikidild, IE  |                      |                                      |   |   | ZIPCODE      | 60146        |
| County of <b>DeKalb</b>  |  | e or of the Pri                    | ncipal Place o                 | of Business              | s:  |                              |                              | County of DeKalb  | Residenc             | e or of t                            | he Principal Pla  | ace of Busin                              | ness:        |              |
| Mailing A  | Address of 1   | Debtor (if dif                     | ferent from st                 | reet addres              | ss)   |                              |                              | Mailing Ad  | dress of             | Joint D                              | ebtor (if differe   | nt from stre                              | eet address) | ):           |
|  |  |                                    |                                | ZIP                      | COD   | E                            |                              |   |                      |                                      |   | Γ   | ZIPCODE      |              |
| Location of  | of Principa  | l Assets of B                      | usiness Debto                  | r (if differe            | ent fro   | om street addres             | s abov                       | ve):  |                      |                                      |   |   |              |              |
|  |  |                                    |                                |                          |   |                              |                              |   |                      |                                      |   |   | ZIPCODE      | ı            |
|  | (Forn  | ype of Debto<br>n of Organiza      | tion)                          |                          |   | Nature (Check                |                              |   |                      |                                      | Chapter of Ba   | ankruptcy<br>on is Filed                  |              |              |
| (Check one box.)  ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities,  |  |                                    |                                | es,                      | Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other  Tax-Exempt Entity (Check box, if applicable.) Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). |                              | n 11                         | Chapter 9 Chapter 11 Chapter 12 Chapter 12 Chapter 13 Recognii Recognii   |                      |                                      | pter 15 Pet<br>ognition of<br>n Proceedi<br>pter 15 Pet<br>ognition of<br>nmain Proce | a Foreign<br>ng<br>ition for<br>a Foreign |              |              |
| check this box and state type of entity below.)  |  |                                    |                                |                          |   |                              | , if app<br>mpt or<br>ed Sta | (Check one box.)  Entity pplicable.) organization under tates Code (the  (Check one box.) Debts are primarily consumer  |                      | ebts are primarily<br>isiness debts. |   |   |              |              |
| Filing Fee (Check one box)  Chapter 11 Debtors  Check one box:  Debtor is a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Debtor is not a small business debtor as defined in 11 U.S.C.  Check if:  Debtor's aggregate noncontingent liquidated debts owed affiliates are less than \$2,190,000. |  |                                    |                                |                          |   |                              |                              | 11 U.S.C.   | § 101(51D).          |                                      |   |   |              |              |
|  | ☐ Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  Check all applicable boxes:  ☐ A plan is being filed with this petition ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |                                    |                                |                          |   |                              |                              |   | more classes of      |                                      |   |   |              |              |
| Statistical/Administrative Information  ✓ Debtor estimates that funds will be available for distribution to unsecured creditors.  □ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.   |  |                                    |                                |                          |   |                              | I                            | SPACE IS FOR<br>RT USE ONLY   |                      |                                      |   |   |              |              |
| Estimated  |  |                                    |                                |                          |   |                              | $\Box$                       |   |                      |                                      |   |   |              |              |
|  | <br>50-99  | 100-199                            | 200-999                        | 1,000-<br>5,000          |   | 5,001-<br>10,000             | 10,0<br>25,0                 |   | 25,001-<br>50,000    |                                      | 50,001-<br>100,000  | Over 100,000                              |              |              |
|  | \$50,001 to  | \$100,001 to<br>\$500,000          | \$500,001 to \$1 million       | \$1,000,00<br>\$10 milli |   | \$10,000,001 to \$50 million |                              | 000,001 to<br>) million   | \$100,000 to \$500   |                                      | \$500,000,001 to \$1 billion  | More that                                 |              |              |
| Estimated  | \$50,001 to  | $\overline{\mathbf{V}}$            | \$500,001 to \$1 million       | \$1,000,00<br>\$10 milli |   | \$10,000,001 to \$50 million |                              | 000,001 to<br>) million   | \$100,00<br>to \$500 |                                      | \$500,000,001 to \$1 billion  | More that                                 |              |              |

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| Location Where Filed:Northern District Of Illinois Eastern Division  | Case Number: <b>99 B 26993</b>  | Date Filed:  |
|--|---|--|
| Location<br>Where Filed: <b>N/A</b>  | Case Number:  | Date Filed:  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If mo   | ore than one, attach additional sheet)   |
| Name of Debtor: None   | Case Number:  | Date Filed:  |
| District:  | Relationship:   | Judge:   |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.   | (To be completed whose debts are p I, the attorney for the petitioner that I have informed the petition chapter 7, 11, 12, or 13 of ti explained the relief available un  | if debtor is an individual rimarily consumer debts.) named in the foregoing petition, declare ner that [he or she] may proceed under the 11, United States Code, and have deer each such chapter. I further certify the notice required by § 342(b) of the |
|  | X /s/ Thomas W. Byrnes  | 1/25/08  |
|  | Signature of Attorney for Debtor(s)   | Date   |
| or safety?  ☐ Yes, and Exhibit C is attached and made a part of this petition.  ✓ No   |   |  |
| Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, explicitly a point petition is filed, explicitly be a point petition.   | de a part of this petition.   | ach a separate Exhibit D.)   |
| Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, explicitly in the petition of the petition is filed, explicitly in the petition is attached and material in this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.   | ach spouse must complete and attaide a part of this petition.  ed a made a part of this petition.   | nch a separate Exhibit D.)   |
| Yes, and Exhibit C is attached and made a part of this petition.  Exhi  (To be completed by every individual debtor. If a joint petition is filed, explicitly a perition is filed, explicitly be a point petition:  Exhibit D completed and signed by the debtor is attached and made in this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.  Information Regarding  | ach spouse must complete and attained a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue pplicable box.) of business, or principal assets in the   |  |
| Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, expected by Exhibit D completed and signed by the debtor is attached and made attached and made attached and signed by the joint debtor is attached and made attached and signed by the joint debtor is attached and signed by Debtor has been domiciled or has had a residence, principal placed.   | ach spouse must complete and attaide a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue pplicable box.) of business, or principal assets in the days than in any other District.   | nis District for 180 days immediately  |
| Yes, and Exhibit C is attached and made a part of this petition.  Exhi  (To be completed by every individual debtor. If a joint petition is filed, exi  Exhibit D completed and signed by the debtor is attached and material fithis is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.  Information Regardial (Check any approached)  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 186   | ach spouse must complete and attained a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue  pplicable box.)  of business, or principal assets in the days than in any other District.  partner, or partnership pending in acce of business or principal assets but is a defendant in an action or principal assets of the defendant in an action or principal assets but is a defendant in an action or principal assets of the defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets but is a defendant in an action or principal assets and the defendant in an action or principal assets but is a defendant in an action or principal assets and the defendant in an action of the defendant in an action of the defendant in an | nis District for 180 days immediately this District. in the United States in this District, roceeding [in a federal or state court]  |
| Yes, and Exhibit C is attached and made a part of this petition.  Exhi  (To be completed by every individual debtor. If a joint petition is filed, exist in this is a joint petition:  Exhibit D completed and signed by the debtor is attached and made in the properties of the parties of the petition:  Information Regarding (Check any and preceding the date of this petition or for a longer part of such 180 in the properties of the parties of the parties will be served in register of the part | ach spouse must complete and attained a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue pplicable box.) of business, or principal assets in the days than in any other District.  partner, or partnership pending in acce of business or principal assets but is a defendant in an action or principal to the relief sought in this District es as a Tenant of Residential blicable boxes.)   | nis District for 180 days immediately this District. in the United States in this District, roceeding [in a federal or state court] trict.  Property   |
| Yes, and Exhibit C is attached and made a part of this petition.    No   Exhi  | ach spouse must complete and attained a part of this petition.  ed a made a part of this petition.  ed a made a part of this petition.  ng the Debtor - Venue pplicable box.) of business, or principal assets in the days than in any other District.  partner, or partnership pending in acce of business or principal assets but is a defendant in an action or principal to the relief sought in this District es as a Tenant of Residential blicable boxes.)   | nis District for 180 days immediately this District. in the United States in this District, roceeding [in a federal or state court] trict.  Property   |

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Case 08-70197 B1 (Official Form 1) (1/08)

filing of the petition.

(This page must be completed and filed in every case)

**Voluntary Petition** 

Doc 1

Filed 01/25/08

Document

Entered 01/25/08 14:49:01

Morosi, Micahel A & Morosi, Tina M

Page 12 of 41

Name of Debtor(s):

Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)

Desc Main

Page 2

(This page must be completed and filed in every case)

Name of Debtor(s):

Morosi, Micahel A & Morosi, Tina M

### Signatures

### $Signature(s) \ of \ Debtor(s) \ (Individual/Joint)$

Doc 1

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Micahel A Morosi

Signature of Debtor

Micahel A Morosi

🕻 /s/ Tina M Morosi

Signature of Joint Debtor

Tina M Morosi

Telephone Number (If not represented by attorney)

January 25, 2008

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

X

Printed Name of Foreign Representative

Dat

### Signature of Attorney\*

### X /s/ Thomas W. Byrnes

Signature of Attorney for Debtor(s)

### Thomas W. Byrnes 6197265

Printed Name of Attorney for Debtor(s)

### **Thomas Byrnes**

Firm Name

### 1065 Kane Street

Address

South Elgin, IL 60177-1450

### (847) 695-6880

Telephone Number

### January 25, 2008

Date

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signatu  | re of Authoria | zed Individual   |     |  |
|----------|----------------|------------------|-----|--|
| Printed  | Name of Aut    | horized Individu | ıal |  |
| Title of | Authorized I   | ndividual        |     |  |
|          |                |                  |     |  |

### **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup>In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Case 08-70197 Official Form 1, Exhibit D (10/06)

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Date: January 25, 2008

### Doc 1 Filed 01/25/08 Entered 01/25/08 14:49:01 Desc Main Document Page 14 of 41 United States Bankruptcy Court Northern District of Illinois

| EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT  Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed belod one, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happe whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your on and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to to stop creditors collection activities.  Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate one of the five statements below and attach any documents as directed.  I. Within the 180 days before the filing of my bankruptcy case. I received a briefing from a credit counseling a generorming a related budget analysis, and I have a certificate from the agency describing the services provided to me. Atterificate and a copy of any debt repayment plan developed through the agency.  2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling a generorming a related budget analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certify that I requested analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certify that I requested redit counseling services from an approved agency but was unable to obtain the service lays from the time I made my request, and the following exigent circumstances merit a temporary waiver of the equirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Stricumstances here.]  If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request be agency t |  |
|--|--|
| EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT  Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed belo do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happe whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to to stop creditors collection activities.  Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate one of the five statements below and attach any documents as directed.  1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Art certificate and a copy of any debt repayment plan developed through the agency.  2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling age theroforming a related budget analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through in the agency that I requested credit counseling services from an approved agency but was un |  |
| Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed belo do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happe whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your o to stop creditors collection activities.  Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate one of the five statements below and attach any documents as directed.  It within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling ange the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling any performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Art certificate and a copy of any debt repayment plan developed through the agency.  2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling any enteroring a related budget analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to be a copy of a certificate from the agency describing the services provided to the agency by a certificate from the agency describing the services provided to be agained to |  |
| In Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling a performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Att certificate and a copy of any debt repayment plan developed through the agency.  2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling as performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the service days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Stricumstances here.]  If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a the agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through   | ens, you will lose<br>case is dismissed                                  |
| the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling as performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Atterificate and a copy of any debt repayment plan developed through the agency.  2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling age the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling age performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to you and a copy of any debt repayment plan de the agency no later than 15 days after your bankruptcy case is filed.  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the service days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the crequirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Strictumstances here.]  (If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request beta agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through the satisfied within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, y dismissed.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be a motion for determination by the court.]  [Incapacity. (Defined in 11 U.S.C. § 10 | Exhibit D. Chec  |
| the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling an performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan do the agency no later than 15 days after your bankruptcy case is filed.  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the service days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the crequirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Statement of the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a the agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through the series of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, y dismissed.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be a motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so a of realizing and making rational decisions with respect to financial responsibilities.);  | nd assisted me in  |
| days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Sucircumstances here.]  If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file at the agency that provided the briefing, together with a copy of any debt management plan developed through the extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, y dismissed.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be a motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so a of realizing and making rational decisions with respect to financial responsibilities.);  | nd assisted me in<br>me. <i>You must file</i>                            |
| obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file at the agency that provided the briefing, together with a copy of any debt management plan developed through the agency that provided the briefing, together with a copy of any debt management plan developed through the extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, y dismissed.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be a motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so a of realizing and making rational decisions with respect to financial responsibilities.);  | credit counseling  |
| motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so a of realizing and making rational decisions with respect to financial responsibilities.);  | certificate fron<br>the agency. Any<br>rextension mus<br>the court is no |
| of realizing and making rational decisions with respect to financial responsibilities.);   |  |
| participate in a credit counseling briefing in person, by telephone, or through the Internet.);  Active military duty in a military combat zone.   |  |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 does not apply in this district.  | U.S.C. § 109(h   |
| I certify under penalty of perjury that the information provided above is true and correct.  |  |

 Rug 28 2007 7:51PM
 Allen Credit & Debt Couns 605-458-2506
 p. 1

 Case 08-70197
 Doc 1
 Filed 01/25/08
 Entered 01/25/08 14:49:01
 Desc Main

 Document
 Page 15 of 41

Certificate Number: 06531-ILN-CC-002428277

### **CERTIFICATE OF COUNSELING**

| I CERTIFY that on August 28, 2007             | , at      | 7:47             | _ o'clock <u>PM CDT</u> ,     |
|---|-----------|------------------|-------------------------------|
| Michael Morosi                                |           | received         | from                          |
| Allen Credit and Debt Counseling Agency       | :         |                  | ,                             |
| an agency approved pursuant to 11 U.S.C. §    | 111 to    | provide credit   | counseling in the             |
| Northern District of Illinois                 | , a1      | n individual [or | group] briefing that complied |
| with the provisions of 11 U.S.C. §§ 109(h)    | and 111.  |                  |                               |
| A debt repayment plan was not prepared        | If a d    | ebt repayment    | plan was prepared, a copy of  |
| the debt repayment plan is attached to this c | ertificat | e.               |                               |
| This counseling session was conducted by i    | nternet   |                  |                               |
| :   |           |                  |                               |
| Date: August 28, 2007                         | Ву        | /s/Paula Hofer   |                               |
|   | Name      | Paula Hofer      |                               |
|   | Title     | Credit Counsel   | or                            |
|   |           |                  |                               |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case 08-70197 Official Form 1, Exhibit D (10/06)

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Date: January 25, 2008

Doc 1

### Filed 01/25/08 Entered 01/25/08 14:49:01 Desc Main Document Page 16 of 41 United States Bankruptcy Court

**Northern District of Illinois** 

| IN RE:  | Case No  |
|---|--|
| Morosi, Tina M  | Chapter 13   |
| Debtor(s)   | CITA TEN CENT OF COMPLYANCE  |
| EXHIBIT D - INDIVIDUAL DEBTOR'S<br>WITH CREDIT COUNSEL  |  |
| Warning: You must be able to check truthfully one of the five stated do so, you are not eligible to file a bankruptcy case, and the court c whatever filing fee you paid, and your creditors will be able to resu and you file another bankruptcy case later, you may be required to stop creditors collection activities.  | an dismiss any case you do file. If that happens, you will lose<br>time collection activities against you. If your case is dismissed   |
| Every individual debtor must file this Exhibit D. If a joint petition is filed one of the five statements below and attach any documents as directed.   |  |
| ✓ 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the ag certificate and a copy of any debt repayment plan developed through the  | opportunities for available credit counseling and assisted me in<br>ency describing the services provided to me. Attach a copy of the  |
| ☐ 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate from a copy of a certificate from the agency describing the services provided the agency no later than 15 days after your bankruptcy case is filed.   | opportunities for available credit counseling and assisted me in the agency describing the services provided to me. You must file  |
| ☐ 3. I certify that I requested credit counseling services from an approduys from the time I made my request, and the following exigent circumstances I can file my bankruptcy case now. [Must be accompanied circumstances here.]  | rcumstances merit a temporary waiver of the credit counseling  |
| If the court is satisfied with the reasons stated in your motion, it we obtain the credit counseling briefing within the first 30 days after you the agency that provided the briefing, together with a copy of any extension of the 30-day deadline can be granted only for cause and is be filed within the 30-day period. Failure to fulfill these requirements at sified with your reasons for filing your bankruptcy case without dismissed. | a file your bankruptcy case and promptly file a certificate from<br>debt management plan developed through the agency. Any<br>limited to a maximum of 15 days. A motion for extension must<br>ents may result in dismissal of your case. If the court is not |
| ☐ 4. I am not required to receive a credit counseling briefing because o <i>motion for determination by the court.</i> ] ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by re  |  |
| of realizing and making rational decisions with respect to financ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically imparticipate in a credit counseling briefing in person, by telephon Active military duty in a military combat zone.  | paired to the extent of being unable, after reasonable effort, to  |
| 5. The United States trustee or bankruptcy administrator has determided not apply in this district.   | ned that the credit counseling requirement of 11 U.S.C. § 109(h)   |
| I certify under penalty of perjury that the information provided above is   | s true and correct.  |
| Signature of Debtor: /s/ Tina M Morosi  |  |

Case 08-70197 Doc 1 Filed 01/25/08 Entered 01/25/08 14:49:01 Desc Main Document Page 17 of 41

Certificate Number: 06531-ILN-CC-002428747

### **CERTIFICATE OF COUNSELING**

| I CERTIFY that on August 28, 2007   | , at     | t 9:11 o'clock PM CDT,                         |  |  |  |  |
|---|----------|--|--|--|--|--|
| Tina Morosi   |          | received from                                  |  |  |  |  |
| Allen Credit and Debt Counseling Agency   |          | ·  |  |  |  |  |
| an agency approved pursuant to 11 U.S.C.  | § 111 to | provide credit counseling in the               |  |  |  |  |
| Northern District of Illinois   | , aı     | n individual [or group] briefing that complied |  |  |  |  |
| with the provisions of 11 U.S.C. §§ 109(h) and 111.                                     |          |  |  |  |  |  |
| A debt repayment plan was not prepared If a debt repayment plan was prepared, a copy of |          |  |  |  |  |  |
| the debt repayment plan is attached to this certificate.                                |          |  |  |  |  |  |
| This counseling session was conducted by  | internet | ·  |  |  |  |  |
|   |          |  |  |  |  |  |
| Date: August 28, 2007   | Ву       | /s/Sharon Schroeder                            |  |  |  |  |
|   | Name     | Sharon Schroeder                               |  |  |  |  |
| . ,   | Title    | Credit Counselor                               |  |  |  |  |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

B6 Summary (Case 08-70197, Doc 1

Entered 01/25/08 14:49:01 Filed 01/25/08 Document Page 18 of 41 United States Bankruptcy Court

**Northern District of Illinois** 

Desc Main

| IN RE:                             | Case No.   |
|------------------------------------|------------|
| Morosi, Micahel A & Morosi, Tina M | Chapter 13 |
| Debtor(s)                          | •          |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS        | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|---------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 206,000.00 |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 7,000.00   |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |               |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |               | \$ 192,650.95 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |               | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 3                   |               | \$ 9,108.00   |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |               |               |             |
| H - Codebtors  | Yes                  | 1                   |               |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |               |               | \$ 7,112.02 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |               |               | \$ 5,674.00 |
|  | TOTAL                | 14                  | \$ 213,000.00 | \$ 201,758.95 |             |

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Form 6 - Statistical Summary (12707)

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Document Page 19 of 41 United States Bankruptcy Court

**Northern District of Illinois** 

| IN RE:                             | Case No    |
|------------------------------------|------------|
| Morosi, Micahel A & Morosi, Tina M | Chapter 13 |
| Dehtor(s)                          | <u> </u>   |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

### State the following:

| Average Income (from Schedule I, Line 16)   | \$<br>7,112.02 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>5,674.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>7,690.81 |

### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>0.00     |
|--|---------|----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00     |
| 4. Total from Schedule F   |         | \$<br>9,108.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>9,108.00 |

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No. \_\_

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

|         | DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|---------|--------------------------------------|--|---------------------------------------|--|----------------------------|
| Resider | nce loactaed at 116 Evergreen Drive  | Tenancy by the Entirety                    | J                                     | 206,000.00   | 192,650.95                 |
|         |                                      |  |                                       |  |                            |
|         |                                      |  |                                       |  |                            |
|         |                                      |  |                                       |  |                            |
|         |                                      |  |                                       |  |                            |
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|         |                                      |  |                                       |  |                            |
|         |                                      |  |                                       |  |                            |
|         |                                      |  |                                       |  |                            |

TOTAL

206,000.00

(Report also on Summary of Schedules)

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s) Case No. \_

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY              | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | \$40.00 US Currency                               | J                                     | 0.00   |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | Checking account 1000.00                          | J                                     | 0.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |   |                                       |  |
| 4.  | Household goods and furnishings,  |                  | 3 television sets 2 dvd players                   | J                                     | 150.00   |
|     | include audio, video, and computer equipment.   |                  | Computer  | J                                     | 200.00   |
|     |   |                  | Household furnoture located at Debtors' residence | J                                     | 1,700.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   |                  | 6 framed wall art pieces                          | J                                     | 250.00   |
| 6.  | Wearing apparel.  |                  | Necessary wearing apparel of debtors              | J                                     | 200.00   |
| 7.  | Furs and jewelry.   | X                |   |                                       |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |   |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |   |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X                |   |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |                                       |  |

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Debtor(s)

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IN RE Morosi, Micahel A & Morosi, Tina M

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### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

HUSBAND, WIFE, JOINT, OR COMMUNITY CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT TYPE OF PROPERTY DESCRIPTION AND LOCATION OF PROPERTY DEDUCTING ANY SECURED CLAIM OR EXEMPTION Χ 14. Interests in partnerships or joint ventures. Itemize. X Government and corporate bonds and other negotiable and non-negotiable instruments. X 16. Accounts receivable. X 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. X 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. Χ 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. X 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or Χ 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. X Patents, copyrights, and other intellectual property. Give particulars. X 23. Licenses, franchises, and other general intangibles. Give particulars. X 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. 1999 Ford Taurus 1,500.00 25. Automobiles, trucks, trailers, and other vehicles and accessories. 3,000.00 2000 Nissan Altima Н X 26. Boats, motors, and accessories. X 27. Aircraft and accessories. X 28. Office equipment, furnishings, and supplies. X 29. Machinery, fixtures, equipment, and supplies used in business. Χ 30. Inventory.

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Debtor(s)

IN RE Morosi, Micahel A & Morosi, Tina M

**0** continuation sheets attached

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(If known)

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| <ul> <li>31. Animals.</li> <li>32. Crops - growing or harvested. Give particulars.</li> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul> | X X X X X        |                                      |                                       |  |
|   |                  | ТО                                   | TAL                                   | 7,000.00   |

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Debtor(s)

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Case No. \_

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY                           | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--------------------------------------|-------------------------------|--|
| SCHEDULE A - REAL PROPERTY                        |                                      |                               |  |
| Residence loactaed at 116 Evergreen Drive         | 735 ILCS 5 §12-901                   | 30,000.00                     | 206,000.0  |
| SCHEDULE B - PERSONAL PROPERTY                    |                                      |                               |  |
| 3 television sets 2 dvd players                   | 735 ILCS 5 §12-1001(b)               | 150.00                        | 150.0  |
| Computer  | 735 ILCS 5 §12-1001(b)               | 200.00                        | 200.0  |
| Household furnoture located at Debtors' residence | 735 ILCS 5 §12-1001(b)               | 1,700.00                      | 1,700.0  |
| 6 framed wall art pieces                          | 735 ILCS 5 §12-1001(a)               | 250.00                        | 250.   |
| Necessary wearing apparel of debtors              | 735 ILCS 5 §12-1001(a)               | 200.00                        | 200.   |
| 1999 Ford Taurus                                  | 735 ILCS 5 §12-1001(c)               | 2,400.00                      | 1,500.   |
| 2000 Nissan Altima                                | 735 ILCS 5 §12-1001(c)               | 2,400.00                      | 3,000.0  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No. \_\_\_\_\_

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|-------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. <b>0633025846</b>  |          | J                                     | 12/05 Mortgage lien  |             |              |          | 192,650.95  |                              |
| Wells Fargo Financial<br>PO Box 6423<br>Carol Stream, IL 60197-6423                                  |          |                                       | VALUE \$ <b>206,000.00</b>   |             |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |             |              |          |   |                              |
| Pierce And Associates<br>1 Noprth Dearborn<br>Chicago, IL 60602                                      |          |                                       | Wells Fargo Financial  VALUE \$  |             |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |             |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |             |              |          |   |                              |
| <b>0</b> continuation sheets attached  |          |                                       | (Total of th   | Sub<br>is p |              |          | \$ 192,650.95   | \$                           |
|  |          |                                       | (Use only on la  |             | Fota<br>age  |          | \$ 192,650.95   | \$ (If applicable, report    |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Doc 1

(If known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Stati    | such summary of Certain Labinities and Related Data.  |
|----------|---|
| liste    | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
| <b>V</b> | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TY       | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|          | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|          | Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
|          | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|          | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|          | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|          | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|          | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|          | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|          | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|          | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|          | O continuation sheets attached  |

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No.

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT          | UNLIQUIDATED        | DISPUTED      | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|---|---------------------|---------------------|---------------|-----------------------|
| ACCOUNT NO. <b>438864186413</b>  |          | w                                     | Revolving charge account opened 02/01 Balance   |                     |                     | T             |                       |
| Capital One<br>PO Box 85015<br>Richmond, VA 23285  |          |                                       | as of 08/07   |                     |                     |               | 2,281.00              |
| ACCOUNT NO. <b>517800707708</b>  |          | w                                     | Revolving charge account opened 11/2002   |                     |                     | T             |                       |
| First Premier Bank<br>601 S. Minnesota Ave<br>Souix Falls, SD 57104                                |          |                                       |   |                     |                     |               | 440.00                |
| ACCOUNT NO. <b>1674206</b>   |          | w                                     | Medical services 11/2005  | H                   |                     | $\dagger$     | 440.00                |
| Greter Elgin Emergency Specialists<br>755 Almar Pkwy<br>Bourbonnais, IL 60914                      |          |                                       |   |                     |                     |               | 476.00                |
| ACCOUNT NO. <b>3230835</b>   |          | w                                     | Medical Services 04/2007  |                     | 7                   | 7             |                       |
| Kishwaukee Community Hospital<br>H & R Accounts<br>7017 John Deere Parkway<br>Moline, IL           |          |                                       |   |                     |                     |               | 2,944.00              |
| 2 continuation sheets attached   |          |                                       | (Total of th  | Subt                |                     |               | \$ 6,141.00           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Relate | T<br>also<br>tatist | ota<br>o or<br>tica | ıl<br>n<br>ıl |                       |

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

\_ Case No. \_

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)  |                              |                    |                      |                       |
|--|----------|---------------------------------------|--|------------------------------|--------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE                                       | CONTINGENT                   | UNLIQUIDATED       | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | H                            |                    | Н                    |                       |
| Kishwaukee Community Hospital On Kish Hospital Drive Dekalb, IL 60115                                    | -        |                                       | Kishwaukee Community Hospital  |                              |                    |                      |                       |
| ACCOUNT NO. <b>03930393</b>  |          | w                                     | Revolving charge account opened 06/2004  |                              |                    |                      |                       |
| Kohls<br>N56W17000 Ridgewood Drive<br>Menomonee Falls, WI 53051  | -        |                                       |  |                              |                    |                      | 791.00                |
| ACCOUNT NO. 1388714041   |          | J                                     | Account opened 04/07   |                              |                    |                      | 791.00                |
| Mediacom<br>Credit Protections Associates<br>1355 Noel Rd. Suite 2100<br>Dallas, TX 75240                | -        |                                       |  |                              |                    |                      | 899.00                |
| ACCOUNT NO. <b>7684973</b>   |          | W                                     | Medical Services   |                              |                    |                      |                       |
| Northwest Diagnostic Services<br>KCA Financial<br>628 North Street<br>Geneva, IL 60134                   |          |                                       |  |                              |                    |                      | 129.00                |
| ACCOUNT NO. <b>15505545</b>  |          | J                                     | Medical Services 01/2005   | T                            |                    | П                    |                       |
| Patrick OConnor MD<br>TRG Account Services<br>592 N. Mill Street<br>Plymouth, MI 48170                   |          |                                       |  |                              |                    |                      | 214.00                |
| ACCOUNT NO. <b>1716398</b>   |          | w                                     | Medical Services 12/2005   |                              |                    |                      |                       |
| Provena St. Joseph Hospital<br>Creditors Collection Bureau<br>755 Almar Pkwy<br>Bourbonnais, IL 60194    | -        |                                       |  |                              |                    |                      | 050.00                |
| ACCOUNT NO. <b>5932422</b>   |          | J                                     | Medical services 05/2005   | _                            |                    | Н                    | 250.00                |
| Provena St. Joseph Hospital<br>MRSI<br>2250 E. Devon Ave Suite 352<br>Des Plaines, IL 60018              | 1        |                                       |  |                              |                    |                      |                       |
| Sheet no. 1 of 2 continuation sheets attached to   |          |                                       |  | Sub                          | tota               | al                   | 338.00                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the Completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | nis p<br>T<br>t als<br>tatis | age<br>Fota<br>o o | e)<br>al<br>on<br>al | \$ <b>2,621.00</b>    |

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IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No.

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          |                                       | Continuation Sneet)   |                 |              |          |                       |
|--|----------|---------------------------------------|---|-----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT      | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 11243264   |          | J                                     | Medical Services 05/2007  | П               |              |          |                       |
| Sherman Hospital<br>Harris & Harris<br>600 W. Suite 4<br>Chicago, IL 60661                               |          |                                       |   |                 |              |          | 75.00                 |
| ACCOUNT NO.  |          | w                                     | Cellular phone service Account opened 09/2006   | П               |              |          |                       |
| Sprint PCS Collection Company Of America 700 Longwater Drive Norwell, MA 02061                           |          |                                       |   |                 |              |          | 271.00                |
| ACCOUNT NO.  |          | J                                     |   | H               |              |          | 27 1.00               |
| The Center For Sports Orthopaedics Dependon Collection Services 120 W. 22nd Street Oak Brook, IL 60523   |          |                                       |   |                 |              |          | 0.00                  |
| ACCOUNT NO.  |          |                                       |   |                 |              |          |                       |
| ACCOUNT NO.  |          |                                       |   |                 |              |          |                       |
| ACCOUNT NO.  | _        |                                       |   |                 |              |          |                       |
| ACCOUNT NO.  |          |                                       |   |                 |              |          |                       |
| Sheet no. 2 of 2 continuation sheets attached to   |          |                                       |   | Sub             | tote         | n1       |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the   | is p            |              | 9)       | \$ 346.00             |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t also<br>tatis | o o<br>tica  | n<br>ıl  | \$ 9,108.00           |

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Debtor(s)

IN RE Morosi, Micahel A & Morosi, Tina M

Case No.

(If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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Debtor(s)

IN RE Morosi, Micahel A & Morosi, Tina M

Case No.

(If known)

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### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
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IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No. \_\_\_\_

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status   | DEPENDENTS OF DEBTOR AND SPOUSE  |               |             |          |                      |          |
|---|--|---------------|-------------|----------|----------------------|----------|
| Married   | RELATIONSHIP(S): Daughter  |               |             |          | AGE(S):<br><b>10</b> |          |
| EMPLOYMENT:   | DEBTOR   |               |             | SPOUSE   |                      |          |
| Occupation Pressman Name of Employer H.C. Johnson Press How long employed Address of Employer Address of Employer |  | lewood Elec   | tric        |          |                      |          |
| INCOME: (Estimate of average of   | or projected monthly income at time case filed)                          |               |             | DEBTOR   |                      | SPOUSE   |
| <ol> <li>Current monthly gross wages, sa</li> <li>Estimated monthly overtime</li> </ol>                           | alary, and commissions (prorate if not paid mont                         | hly)          | \$          | 5,912.23 | \$<br>\$             | 3,833.34 |
| 3. SUBTOTAL   |  |               | \$          | 5,912.23 | \$                   | 3,833.34 |
| 4. LESS PAYROLL DEDUCTION a. Payroll taxes and Social Security  |  |               | \$          | 1,162.59 | \$                   | 734.28   |
| <ul><li>b. Insurance</li><li>c. Union dues</li></ul>  |  |               | \$<br>_     |          | \$                   |          |
| d. Other (specify) Child Supp   | ort  |               | \$          | 736.67   | \$                   |          |
|   |  |               | \$          |          | \$                   |          |
| 5. SUBTOTAL OF PAYROLL 1  | DEDUCTIONS   |               | \$          | 1,899.26 | \$                   | 734.28   |
| 6. TOTAL NET MONTHLY TA   | AKE HOME PAY   |               | \$          | 4,012.97 | \$                   | 3,099.06 |
|   | of business or profession or farm (attach detaile                        | d statement)  | \$          |          | \$                   |          |
| <ul><li>8. Income from real property</li><li>9. Interest and dividends</li></ul>                                  |  |               | \$          |          | \$                   |          |
|   | port payments payable to the debtor for the debto                        | r's use or    | <b>»</b> —  |          | <b>a</b>             |          |
| that of dependents listed above 11. Social Security or other govern   |  |               | \$          |          | \$                   |          |
|   | innent assistance  |               | \$          |          | \$                   |          |
|   |  |               | \$          |          | \$                   |          |
| <ul><li>12. Pension or retirement income</li><li>13. Other monthly income</li></ul>                               |  |               | \$          |          | \$                   |          |
| (Specify)   |  |               | \$          |          | \$                   |          |
|   |  |               | \$<br>\$    |          | \$<br>\$             |          |
| 14 CURTOTAL OF LINES 7 TO   | HDOUGH 12  |               | Φ.          |          | Φ.                   |          |
| 14. SUBTOTAL OF LINES 7 TO  |  |               | <u> </u>    | 4.040.07 | \$                   | 2 000 00 |
| 15. AVEKAGE MONTHLY INC   | <b>COME</b> (Add amounts shown on lines 6 and 14)                        |               | <b>&gt;</b> | 4,012.97 | <u> </u>             | 3,099.06 |
| <b>16. COMBINED AVERAGE M</b> 0 if there is only one debtor repeat to   | <b>ONTHLY INCOME</b> : (Combine column totals total reported on line 15) | from line 15; |             | \$       | 7,112.0              | 03       |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

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(If known)

IN RE Morosi, Micahel A & Morosi, Tina M

Debtor(s)

Case No.

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? Yes No | \$         | 3,007.00        |
|---|------------|-----------------|
| b. Is property insurance included? Yes No   |            |                 |
| 2. Utilities:   | ¢          | 250.00          |
| a. Electricity and heating fuel     b. Water and sewer  | \$ —       | 250.00<br>60.00 |
|   | » —        |                 |
| c. Telephone d. Other Direct TV   | ф —        | 100.00<br>75.00 |
| a. Other Direct 17  | — ţ—       | 75.00           |
| 2. Home maintenance (nameins and pulsean)   | — ţ—       | 100.00          |
| 3. Home maintenance (repairs and upkeep)  | , —        | 450.00          |
| 4. Food   | <b>ў</b> — |                 |
| 5. Clothing   | \$ —       | 150.00          |
| 6. Laundry and dry cleaning   | <b>3</b> — | 50.00           |
| 7. Medical and dental expenses  | <b>3</b> — | 80.00           |
| 8. Transportation (not including car payments)  | ž —        | 500.00          |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$         | 150.00          |
| 10. Charitable contributions  | \$         |                 |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                   | Φ.         |                 |
| a. Homeowner's or renter's  | \$         | 45.00           |
| b. Life   | \$         | 45.00           |
| c. Health   | \$         | 405.00          |
| d. Auto   | \$         | 195.00          |
| e. Other  | \$         |                 |
|   | \$         |                 |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                       |            |                 |
| (Specify)   | \$         |                 |
|   | \$         |                 |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)     |            |                 |
| a. Auto   | \$         |                 |
| b. Other  | \$         |                 |
|   | \$         |                 |
| 14. Alimony, maintenance, and support paid to others  | \$         |                 |
| 15. Payments for support of additional dependents not living at your home                                       | \$         | 75.00           |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)                | \$         |                 |
| 17. Other Day Care  | \$         | 387.00          |
|   | \$         |                 |
|   | \$         |                 |
|   |            |                 |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if              |            |                 |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.                                 | ls         | 5,674.00        |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

### 20. STATEMENT OF MONTHLY NET INCOME

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

| a. Average monthly income from Line 15 of Schedule I | \$<br>7,112.02 |
|--|----------------|
| b. Average monthly expenses from Line 18 above       | \$<br>5,674.00 |
| c. Monthly net income (a. minus b.)                  | \$<br>1.438.02 |

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IN RE Morosi, Micahel A & Morosi, Tina M

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Debtor(s)

Case No.

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

| Date: <b>January 25, 2008</b>  | Signature: /s/ Micahel A Morosi  | Dile  |
|--|--|---|
|  | Micahel A Morosi   | Debtor  |
| Date: <b>January 25, 2008</b>  | Signature: /s/ Tina M Morosi   |   |
|  | Tina M Morosi  | (Joint Debtor, if any) [If joint case, both spouses must sign.]   |
| DECLARATION AND SI   | GNATURE OF NON-ATTORNEY BANKRUPTCY   | PETITION PREPARER (See 11 U.S.C. § 110)   |
| compensation and have provided the and 342 (b); and, (3) if rules or guid    | debtor with a copy of this document and the notices an elines have been promulgated pursuant to 11 U.S.C. § given the debtor notice of the maximum amount before | ed in 11 U.S.C. § 110; (2) I prepared this document for d information required under 11 U.S.C. §§ 110(b), 110(h), 110(h) setting a maximum fee for services chargeable by preparing any document for filing for a debtor or accepting |
| Printed or Typed Name and Title, if any, o                                   | f Bankruptcy Petition Preparer   | Social Security No. (Required by 11 U.S.C. § 110.)  |
| If the bankruptcy petition preparer is responsible person, or partner who si |  | ress, and social security number of the officer, principal,   |
| Address  |  |   |
| Signature of Bankruptcy Petition Preparer                                    |  | Date  |
| Names and Social Security numbers o is not an individual:                    | f all other individuals who prepared or assisted in prepa  | ring this document, unless the bankruptcy petition preparer   |
| If more than one person prepared thi   | s document, attach additional signed sheets conformir  | ng to the appropriate Official Form for each person.  |
| A bankruptcy petition preparer's failu imprisonment or both. 11 U.S.C. § 1   |  | leral Rules of Bankruptcy Procedure may result in fines or  |
| DECLARATION UNI  | DER PENALTY OF PERJURY ON BEHALF O   | F CORPORATION OR PARTNERSHIP  |
| I, the   | (the president or other  | officer or an authorized agent of the corporation or a  |
| (corporation or partnership) name  | sheets (total shown on summary page plus 1),   | perjury that I have read the foregoing summary and and that they are true and correct to the best of my   |
| Date:  | Signature:   |   |
|  | -  |   |
|  |  | (Print or type name of individual signing on behalf of debtor)  |

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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**United States Bankruptcy Court** 

Northern District of Illinois

| IN RE:                             | Case No.   |
|------------------------------------|------------|
| Morosi, Micahel A & Morosi, Tina M | Chapter 13 |
| Debtor(s)                          | •          |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. I1 U.S.C. § 101.

### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

78,681.00 2005 Combined gross income from employment

60,400.00 2006 Combined gross income from employment

### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|--------|--|---|---|--|
| None   | b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within <b>90 days</b> immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than 55,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married lebtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) |   |   |  |
| None   | the designs. East air payments made within one year miniediately proceeding the commencement of this case to of for the benefit of creditors   |   |   |  |
| 4. Sui | ts and administrative proceedings, executions, garnishments and at   | tachments   |   |  |
| None   | a. List all suits and administrative proceedings to which the debtor is bankruptcy case. (Married debtors filing under chapter 12 or chapter 1 not a joint petition is filed, unless the spouses are separated and a joint   | 3 must include information concerning   |   |  |
| AND    | TION OF SUIT CASE NUMBER S Fargo Bank v. Morosi NATURE OF PROCEEDING Foreclosure   | COURT OR AGENCY<br>AND LOCATION<br>Dekalb County Sycamore II.                     | STATUS OR<br>DISPOSITION<br>Post Judgment |  |
| None   | b. Describe all property that has been attached, garnished or seized und<br>the commencement of this case. (Married debtors filing under chapter<br>or both spouses whether or not a joint petition is filed, unless the spou  | 12 or chapter 13 must include information   | tion concerning property of either        |  |
| 5. Re  | possessions, foreclosures and returns  |   |   |  |
| None   | List all property that has been repossessed by a creditor, sold at a forecl<br>the seller, within <b>one year</b> immediately preceding the commencement<br>include information concerning property of either or both spouses whe<br>joint petition is not filed.)   | of this case. (Married debtors filing un  | der chapter 12 or chapter 13 must         |  |
| 6. Ass | signments and receiverships  |   |   |  |
| None   | a. Describe any assignment of property for the benefit of creditors made (Married debtors filing under chapter 12 or chapter 13 must include any unless the spouses are separated and joint petition is not filed.)  |   |   |  |
| None   | 2 of Bist air property which has been in the hands of a custodian, receiver, of court appointed official within one year miniculatery proceeding the   |   |   |  |
| 7. Gif | its  |   |   |  |
| None   | List all gifts or charitable contributions made within <b>one year</b> immedia gifts to family members aggregating less than \$200 in value per individu per recipient. (Married debtors filing under chapter 12 or chapter 13 mm a joint petition is filed, unless the spouses are separated and a joint pet  | al family member and charitable contribust include gifts or contributions by eith | outions aggregating less than \$100       |  |
| 8. Lo  | sses   |   |   |  |
| None   | List all losses from fire, theft, other casualty or gambling within <b>one year</b> immediately preceding the commencement of this case <b>or since the</b>  |   |   |  |
| 9. Pa  | yments related to debt counseling or bankruptcy  |   |   |  |
| None   | List all payments made or property transferred by or on behalf of the de consolidation, relief under bankruptcy law or preparation of a petition i of this case.   |   |   |  |
|        | DATE OF PAY  | MENT NAME OF AMOUNT   | OF MONEY OR DESCRIPTION                   |  |

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NAME AND ADDRESS OF PAYEE Thomas W, Byrnes 1065 Kane Street South Elgin, IL 60177

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PAYOR IF OTHER THAN DEBTOR 12/19/07

08/28/07

AND VALUE OF PROPERTY

2,000.00

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.



#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

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 $\checkmark$ 

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None  $\checkmark$ 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: <b>January 25, 2008</b> | Signature /s/ Micahel A Morosi of Debtor | Micahel A Morosi |
|-------------------------------|--|------------------|
| Date: <b>January 25, 2008</b> | Signature /s/ Tina M Morosi              |                  |
|                               | of Joint Debtor<br>(if any)              | Tina M Morosi    |
|                               | ocntinuation pages attached              |                  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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IN RE:

Morosi, Micahel A & Morosi, Tina M

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors \_\_\_\_\_15

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: January 25, 2008

/s/ Micahel A Morosi

Debtor

Joint Debtor

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Morosi, Micahel A 116 Evergreen Drive Kirkland, IL 60146 Document Patrick OConnor MD TRG Account Services 592 N. Mill Street Plymouth, MI 48170

Morosi, Tina M 116 Evergreen Drive Kirkland, IL 60146 Pierce And Associates 1 Noprth Dearborn Chicago, IL 60602

Thomas Byrnes 1065 Kane Street South Elgin, IL 60177-1450 Provena St. Joseph Hospital Creditors Collection Bureau 755 Almar Pkwy Bourbonnais, IL 60194

Capital One PO Box 85015 Richmond, VA 23285 Provena St. Joseph Hospital MRSI 2250 E. Devon Ave Suite 352 Des Plaines, IL 60018

First Premier Bank 601 S. Minnesota Ave Souix Falls, SD 57104 Sherman Hospital Harris & Harris 600 W. Suite 4 Chicago, IL 60661

Greter Elgin Emergency Specialists 755 Almar Pkwy Bourbonnais, IL 60914 Sprint PCS
Collection Company Of America
700 Longwater Drive
Norwell, MA 02061

Kishwaukee Community Hospital On Kish Hospital Drive Dekalb, IL 60115 The Center For Sports Orthopaedics Dependon Collection Services 120 W. 22nd Street Oak Brook, IL 60523

Kohls N56W17000 Ridgewood Drive Menomonee Falls, WI 53051 Wells Fargo Financial PO Box 6423 Carol Stream, IL 60197-6423

Mediacom Credit Protections Associates 1355 Noel Rd. Suite 2100 Dallas, TX 75240

Northwest Diagnostic Services KCA Financial 628 North Street Geneva, IL 60134

### Case 08-70197

IN RE:

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Doc 1

Name of Law Firm

Case No.

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| Mo | lorosi, Micahel A & Morosi, Tina M  | Chapter 13  |
|----|---|---|
|    | Debtor(s)   |   |
|    | DISCLOSURE OF C   | OMPENSATION OF ATTORNEY FOR DEBTOR  |
| 1. |   | 5(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me with agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation |
|    | For legal services, I have agreed to accept   | \$\$  |
|    | Prior to the filing of this statement I have received   | \$\$  |
|    | Balance Due   | \$\$  |
| 2. | . The source of the compensation paid to me was: 🗹 Del  | otor Other (specify):   |
| 3. | . The source of compensation to be paid to me is: $\Box$ Del  | otor Other (specify):   |
| 4. | I have not agreed to share the above-disclosed compe  | nsation with any other person unless they are members and associates of my law firm.  |
|    | I have agreed to share the above-disclosed compensatiogether with a list of the names of the people sharing | tion with a person or persons who are not members or associates of my law firm. A copy of the agreement in the compensation, is attached.   |
| 5. | . In return for the above-disclosed fee, I have agreed to rend  | er legal service for all aspects of the bankruptcy case, including:   |
|    | b. Preparation and filing of any petition, schedules, stat  | rs and confirmation hearing, and any adjourned hearings thereof;  |
|    |   |   |
| 6. | . By agreement with the debtor(s), the above disclosed fee  | loes not include the following services:  |
|    |   |   |
|    |   |   |
| ,  | Leartify that the foregoing is a complete statement of any ac-  | CERTIFICATION   |
|    | I certify that the foregoing is a complete statement of any agr<br>proceeding.                              | eement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy  |
| _  | January 25, 2008  | /s/ Thomas W. Byrnes  |
| 1  | Date  | Signature of Attorney   |

**Thomas Byrnes**